



**LONG TERM CARE NURSING
SCHOLARSHIP AND LOAN
REPAYMENT GRANT APPLICATION**

ND Department of Health
Division of Health Facilities
SFN 53020 (8-2001)

Telephone: 701.328.2894

Name of Nursing Facility		Nursing Facility License Number	
Street Address	City	State	Zip Code
The nursing facility requests a grant of \$ (maximum \$5,500) and agrees that funds received from the Department of Health as approved by the State Health Council will be used only for purposes authorized by the Long Term Care Nursing Scholarship and Loan Repayment Grant Program, North Dakota Century Code Section 23-01-03.3.			
The nursing facility agrees to commit \$ in matching funds as required by the Long Term Care Nursing Scholarship and Loan Repayment Grant Program, North Dakota Century Code Section 23-01-03.3.			
The nursing facility will enter a contract with each nurse and student that receives a loan repayment grant or scholarship. The contract will state the amount to be paid by the nursing facility and the length of service to be provided by each nurse and/or student.			
Name of Authorized Nursing Facility Representative			
Signature of Authorized Nursing Facility Representative		Date	

Return completed grant application form to:
Gary Garland, Director
Office of Community Assistance
Division of Health Facilities
ND Department of Health
600 East Boulevard Avenue, Dept. 301
Bismarck, ND 58505-0200